

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	2					
5	2					
6	2					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	3					
15	2					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	2					
23	2					
24	2					
25	1					
26	1					
27	3					
28	3					
29	3					
30	1					
31	1					
32	1					
33	2					
34	2					
35	2					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	2					
43	2					
44	2					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
	51	2	52	3	53	2
54	1		55	1	56	1
57	3		58	3	59	1
60	1		61	1	62	1
63	1		64	1	65	2
66	2		67	2	68	2
69	1		70	1	71	
72			73		74	
75			76		77	
78			79		80	
81			82		83	
84			85		86	
87			88		89	
90			91		92	
93			94		95	
96			97		98	
99			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						